

Declaration Of Appointee
(Data Needed For Appointment Or Conversion)

INSTRUCTIONS TO APPOINTEE: Answer all questions. Your answers will be considered together with other information in your record in determining your present fitness for Federal employment. A false statement or dishonest answer to any question may be grounds for dismissal after appointment or conversion and is punishable by law. Type, print or write legibly in ink. See Privacy Act Statement on reverse.

1. Name (Last, First, Middle)		2. Present Address (Number, Street, City, State and ZIP Code)	
3. Social Security Number	4. Birthdate (Month/Day/Year)		
5-A. Emergency Notification-First Person (Name/Addr.)		Relationship	5-B. Second Person (Name and Address)
		Telephone Number	Relationship
			Telephone Number

6. Since the date you signed your application, have any of your relatives (by blood or marriage) begun to work for the United States Government or the United States Armed Forces? If "Yes", provide details below.	YES NO
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Name	Relationship	Department, Agency or Branch of Armed Forces

ANSWER BY PLACING AN "X" IN THE PROPER COLUMN. PROVIDE DETAILED ANSWERS ON REVERSE SIDE.	YES	NO	ANSWER BY PLACING AN "X" IN THE PROPER COLUMN. PROVIDE DETAILED ANSWERS ON REVERSE SIDE.	YES	NO
7. Are you a citizen of the United States? If "No", give country or countries of which you are a citizen -----			14. Have you been employed by the Federal Government before this employment? If "No," go to Item 15. If "Yes," answer the following:		
SINCE THE DATE YOU SIGNED YOUR APPLICATION FOR THIS POSITION, HAVE YOU:			A. Since March 1981 have you filed a waiver of basic insurance coverage under the Federal Employees' Group Life Insurance Program? -----		
8. Applied for or begun to receive retirement pay, pension, or other pay based on military, Federal civilian, or District of Columbia Government service? -----			B. If you filed such a waiver, has it been cancelled? If "No," go to Item 15.-----		
9. Become delinquent on any Federal debt? (Include delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults on Federally guaranteed or insured loans, such as student and home mortgage loans.) -----			C. Since March 1981 have you ever elected Standard Optional Insurance under the Federal Employees' Group Life Insurance Program? ----- If "Yes," complete Item D. If "No," go to Item E.		
10. Pleaded "no contest" to or forfeited collateral for, or been convicted of an offense against the law, or are you now under charges of any offense against the law? Omit: 1) traffic fines of \$100.00 or less; 2) any violation of law committed before your 16th birthday; 3) any violation of law committed before your 18th birthday, if finally decided in juvenile court or under a Youth Offender law; 4) any conviction set aside under the Federal Youth Corrections Act or similar State law; 5) any conviction whose record was expunged under Federal or State -----			D. If you made such an election, has it been cancelled?		
11. Been convicted by a military court-martial? -----			E. Since March 1981 have you ever elected Additional/Optional Insurance under the Federal Employees' Group Life Insurance Program? ----- If "Yes," complete Item F. If "No," go to Item G.		
12. Been discharged from the Armed Service under other than honorable conditions? (Omit any discharge changed to honorable or general by a Discharge Review Board or similar authority.) -----			F. If you made such an election, how many multiples of salary did you have when you separated or converted?		
13. Been fired from any job for any reason or quit after being told you would be fired, or left by mutual agreement because of a specific problem? -----			1 2 3 4 5 Canceled Before Separation		
IF YOU ANSWERED "YES" TO THE QUESTIONS INDICATED BELOW, PROVIDE THE INFORMATION REQUESTED ON THE REVERSE SIDE OF THIS SHEET:			G. Since March 1981 have you ever elected Family Optional Insurance under the Federal Employees' Group Life Insurance Program? If "Yes," complete Item H. If "No," go to Item 15.-----		
9. Explain the type, length, and amount of delinquency or default, and the steps you are taking to correct error or repay the debt. Give any identification number associated with the debt and the address of the Federal agency involved.			H. If you made such an election, has it been cancelled? -----		

CERTIFICATION: I certify that all of the answers to the questions above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

15. Signature of Appointee (Sign in ink.)

APPOINTING OFFICER:
Enter Date of Appointment or Conversion

Detailed Answers To Items 7 Through 14
(Indicate The Item Numbers To Which Answers Apply)

PRIVACY ACT STATEMENT

Sections 3301 and 3304 of Title 5, U.S. Code, provide for the examination of individuals for employment; Executive Order 10450, Security Requirements for Government Employment, requires a suitability for employment determination for all employees; Section 8716 of Title 5, U.S. Code, provides for the Office of Personnel Management to regulate enrollment in the Government's Life Insurance program; and Executive Order 9397 authorizes use of the Social Security Number to identify individuals in personnel records. Thus, solicitation of this information is authorized by these statutes or Executive Orders. The information will be used primarily to determine your qualifications and suitability for employment, your eligibility for insurance coverage, and for identification purposes. Responses are voluntary, but failure to provide all information may result in a determination that you are not qualified or suitable for employment; or result in incorrect life insurance withholdings being made from your pay.

PUBLIC BURDEN STATEMENT

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room 6410, Washington, D.C., 20415; and to the Office of Management and Budget, Paperwork Reduction Project (3206-0182) Washington, D.C., 20503